

OSHA & EPA 301 - Injury, Illness & Near Miss Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

[Form completed by Steven Merritt Phone# 3033126146 Date 8/26/15]

Information about the employee		Information about the injury/illness or near miss	
1) Full Name	<u>Steven Way</u>	10) Location of injury/illness, or near miss	<u>1 mile south of Molas Pass summit on US-550.</u>
<input type="checkbox"/>	EPA Employee		
<input type="checkbox"/>	Grantee or other non-EPA Employee		
2) EPA Office/Division	<u>EPA Region 8</u>	11) Date of injury/illness, or near miss	<u>8/25/2015</u>
Building/Room	<u>Emergency Response Unit (8EPR-ER)</u>	12) Time employee began work	<u>0630</u> AM <input type="checkbox"/> PM <input type="checkbox"/>
3) Date of birth	<u>DOB/Ex. 6</u>	13) Time of event	<u>0810</u> AM <input type="checkbox"/> PM <input type="checkbox"/>
		Check if Time Cannot be Determined	<input type="checkbox"/>
4) Date hired	<u>N/A</u>	14) Days of Restricted Work Activity	<u>0</u>
5) <input type="checkbox"/> Male		Days away from Work	<u>0</u>
<input type="checkbox"/> Female		15) What was the employee doing just before the incident or near miss occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying materials"; "walking down hallway", etc.	<u>Driving a government vehicle over Molas Pass from the job site in Silverton, CO to his hotel in Cascade Village, CO.</u>
Information about the "non-governmental" physician or other health care professional		16) What happened? Tell us how the injury, near miss occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker developed soreness in wrist over time."	<u>Deer emerged from the edge of the forest along the roadside and ran at full speed into the right front of the government vehicle.</u>
6) Name of physician or other health care professional	<u>N/A</u>	17) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."	<u>Deer fatality. No other injuries or illnesses.</u>
7) If away from the worksite, where was the treatment given?	<u>N/A</u>	18) What object or substance directly harmed the employee? Examples: "floor"; "cabinet door" If this question does not apply to the incident, leave it blank.	<u>Deer.</u>
Facility		19) If the employee died, when did death occur? Date and time of death	<u>N/A</u>
Street			
City/State			
8) Was employee treated in an emergency room?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
9) Was employee hospitalized overnight as an in-patient?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		

Information about the Case (To be completed by SHEMP Manager)			
20) Case Number		22) Source Code	<input type="checkbox"/> Code Description
21) Check one <input type="checkbox"/> Near Miss or <input type="checkbox"/> Recordable Injury or Illness		23) Injury/Illness Nature Code	<input type="checkbox"/> Code Description